

|  |        |  |        |              |   |   |   |   |   |   |      |   |   |   |                 |   |   |   |
|--|--------|--|--------|--------------|---|---|---|---|---|---|------|---|---|---|-----------------|---|---|---|
| <b>PURPOSE</b><br>Regular.....1<br>Follow Up.....2<br>Complaint.....3<br>Other.....4   |        | <b>COUNTY OF FAIRFAX</b><br><b>DEPARTMENT OF HEALTH</b><br><b>SWIMMING POOL AND</b><br><b>HEALTH SPA INSPECTION REPORT</b> |        |              |   |   |   |   |   |   |      |   |   |   |                 |   |   |   |
| Based on an inspection this day, the items circled below identify the violations of 1 Code of the County of Fairfax, Chapter 69.1 1 Code of the City of Falls Church, Chapter 27.1 1 Code of the City of Fairfax, Chapter 22. All violations must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the Regulatory Authority on the reverse. A violation of the starred items may result in an order to suspend operations. See page 2 for legal notice of closure when applicable. |        |  |        |              |   |   |   |   |   |   |      |   |   |   |                 |   |   |   |
| City Code  | Est. # | Program Code   | EHS ID | Date         | M | M | D | D | Y | Y                                       | TIME | H | H | M | Inspection Time | M | M | M |
|  | 4520   |  |        | 1-28<br>2009 | 0 | 1 | 2 | 8 | 0 | 9                                       |      |   |   |   |                 |   |   |   |
| ESTABLISHMENT NAME   |        |  |        |              |   |   |   |   |   | OPERATOR'S NAME/POOL MANAGEMENT COMPANY |      |   |   |   |                 |   |   |   |
| Mt. Vernon Rec Center  |        |  |        |              |   |   |   |   |   | Fairfax County Park Authority           |      |   |   |   |                 |   |   |   |
| ADDRESS  |        |  |        |              |   |   |   |   |   | ZIP CODE                                |      |   |   |   |                 |   |   |   |
| 2017 Belle View BL   |        |  |        |              |   |   |   |   |   | 22307                                   |      |   |   |   |                 |   |   |   |
| OWNER NAME/ADDRESS   |        |  |        |              |   |   |   |   |   |   |      |   |   |   |                 |   |   |   |
| Fairfax County Park Authority  |        |  |        |              |   |   |   |   |   |   |      |   |   |   |                 |   |   |   |

### I PERSONNEL AND SUPERVISION

|     |   |   |   |
|-----|---|---|---|
| *01 | Qualified operator present, on premises.    | V | C |
| *02 | Lifeguards adequate in number, on duty.     | 2 |   |
| *03 | C.P.R. certified person on duty.            | / |   |
| 04  | Licenses, permits, and certificates posted. | / |   |
| 05  | Required signage posted.                    | / |   |
| 06  | Accurate records kept.                      | / |   |

### II WATER QUALITY

|     |   |   |  |
|-----|---|---|--|
| *07 | Disinfectant Residual Adequate (Chemical Residual: 1.5 (Main) (Wading) 3.0 (Spa) (Other) (Other) (Other)) | 8 |  |
| *08 | Disinfectant level maintained through approved means.   |   |  |
| 09  | pH maintained at proper level. Readings: 7.5 (Main) (Wading) 7.5 (Spa) (Other) (Other) (Other)            |   |  |
| 10  | Chemical test kit adequate, reagents supplied   |   |  |
| *11 | Free of turbidity, debris, algae. No scum/grease line   | / |  |
| *12 | Approved water supply, protected, free of cross connections   | / |  |

### III RECIRCULATION SYSTEM

|     |  |                |  |
|-----|--|----------------|--|
| 13  | Skimmers: Basket, weir, adjustments. Overflow gutters. Water level                                   | /              |  |
| 14  | Filter room cleanliness, ventilation, lighting, drainage.  | /              |  |
| 15  | Filter room information placards posted.   | /              |  |
| 16  | Hair and lint strainer, cleaned regularly.   | /              |  |
| *17 | Pump and motor properly maintained and operated.   | /              |  |
| *18 | Filter operated, maintained (Type: Vacuum DE)  |                |  |
| 19  | Rate of flow indicator: properly installed, maintained. Readings: (g.p.m.) (Main) (Wading) (Other)   | 9.5/267        |  |
| 20  | Gauges: properly installed, maintained. Readings: influent (Main) (Wading) (Other) effluent: vacuum: | 12 (Other) 7 2 |  |
| 21  | Vacuum cleaner approved. Built in ( ) Portable ( )   |                |  |
| 22  | Returns free flowing, adjustable, properly adjusted/ Dye test: approved ( ) Disapproved ( ) N/A ( )  | /              |  |

### IV SAFETY AND SAFETY EQUIPMENT

|     |  |   |  |
|-----|--|---|--|
| *23 | Maximum load/usage numbers not exceeded Maximum number (Pool) (Wading) (Other)                               |   |  |
| 24  | Enclosure at proper height, non climbable, good repair, emergency gate kept clear. Access through bath house | / |  |
| 25  | Underwater and deck lighting adequate/properly installed.  | / |  |
| 26  | Diving boards, slides, ladders, rails, steps in good repair, secure, properly maintained.                    | / |  |
| 27  | Depth markings legible, properly located.  | / |  |
| 28  | Lifelines, lane markers, installed and in good repair.   | / |  |
| 29  | Reaching poles, and rescue tubes provided, positioned and in good repair.                                    | / |  |
| 30  | First aid kit provided, adequately supplied.   | / |  |
| 31  | First aid equipment: backboard w/ straps ( ) blankets and cot ( ) telephone accessible ( ) No.               | / |  |

### V. POOL PREMISES

|    |   |   |  |
|----|---|---|--|
| 32 | Free of hazardous conditions, deck obstructions, metal and glass containers. Drain grates in place. | / |  |
| 33 | Food confined to approved, separate dining area.  | / |  |
| 34 | Decks, coping in good repair, caulked, drained.   | / |  |
| 35 | White coat, interior finish in good repair, unstained.  | / |  |
| 36 | Grassed areas fenced, waist high showers at gates.  | / |  |
| 37 | General cleanliness maintained, approved refuse disposal, animals restricted.                       | / |  |

### VI BATH HOUSES, LOCKER ROOMS, SHOWERS, TOILETS, ETC.

|     |   |   |  |
|-----|---|---|--|
| *38 | Adequate facilities, good repair, clean, sanitary, supplied.  | / |  |
| 39  | Ventilation: rooms free of condensation, odors, fungal growth | / |  |
| 40  | Water heater, Anti-scalding devices, installed, adjusted      | / |  |
| 41  | Water fountains provided, maintained, adjusted                | / |  |
| 42  | Saunas, steam cabinets, in good repair, clean, disinfected    | / |  |

\* Critical Items Requiring Immediate Attention  
 V= Violation noted and needing corrective action  
 C= Corrected action taken during inspection

EHC07 3-07

Regular Inspection: Satisfactory (X) Closed ( ) (See Page 2)

Received by:

Environmental Health Specialist:

Facility found to be in compliance with VGSA at time of inspection.